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ABSTRACT

Adjustment to a new environment, and different academic and social expectations can place college students in an emotional turmoil that requires professional intervention. To study the types of problems brought into therapy and the level of satisfaction with the quality of therapeutic intervention at the Mental Health Clinic at the University of Nebraska-Lincoln, 34 students who had used clinic facilities five or more times were surveyed. Results indicated that the Mental Health Clinic is an important campus resource. Students reported that they made positive therapeutic gains and would recommend the clinic services to others. The major reason listed for referral was depression and the average number of clinic visits per client was 7.7. All the subjects remained in school for the duration of the semester, although therapists placed more emphasis on student well-being than on retention. Although students came in with specific concerns, most felt improvements in many aspects of their lives. (The appendices contain the research questionnaire, information about students' major areas of study and referral sources, and a chart of students' perceived therapeutic gains.) (JAC)

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THE EFFECT OF UNIVERSITY MENTAL HEALTH INTERVENTION ON STUDENT RETENTION AND THERAPEUTIC GAINS

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THE EFFECT OF UNIVERSITY MENTAL HEALTH INTERVENTION ON STUDENT RETENTION AND THERAPEUTIC GAINS

Dolores Simpson-Kirkland, University of Nebraska-Lincoln.

Introduction

Attending a college or university is often one of the most exciting experiences that young adults may have. The prospect of having new educational experiences and opportunities as well as meeting new people and cementing personal and professional goals causes anticipation and excitement for those who are about to embark on this new journey. There are often many stories circulating about parties, organizations to join and outstanding teachers. The college degree itself is a strong motivator for college attendance.

While the college years may well be the most eventful and growth-producing years of a young person's life, there is often a darker side to this rosy picture.

College is a microcosm of the larger society and many of the problems that individuals face can be found on the various campuses. Adjustment to a new environment, different academic and social expectations can place many college students into an emotional turmoil that requires professional intervention. Many students often come to the university with emotional, family, alcohol and drug-related problems. The stress of college life unfortunately has proven fatal for many college students. What has been construed to be the happiest time in the life of young adults can be and is often a difficult time. The pains of maturing and making important life decisions may be very intense and need the attention of university counselors and

mental health professionals.

Lamont (1979) relates a horrifying incident in which a University of Michigan senior committed suicide on the day of commencement ceremonies. Although the student manifested no signs of despondence or problems, his family later learned that he had fallen behind in his studies, received several failing grades and had no chance of graduating on time. The author indicated that "...he couldn't bring himself to tell his parents." "...the pressures were just too bad." (page 1)

This type of tragedy has been repeated on several college campuses throughout the nation. The pressures of parental expectations often place students in precarious positions where they feel unable to confront their parents and level with them regarding their inability to cope with the pressures of college life. Often, students themselves have difficulty facing the fact that college is not what they had hoped it would be. Relationships falter, class assignments are more difficult and time-consuming than originally expected and college life may not seem to be as glamorous as originally portrayed in brochures, recruitment materials and the media.

The transition to college can be particularly difficult when students leave home to live on a residential campus. The prospect of finding oneself in unfamiliar surroundings with strange people, schedules, food and class may initially cause feelings of isolation and loneliness.

The activism that was part of the college scene of the 1960's and 1970's has been replaced by a strange kind of campus quietness. Students seem to be less apt to become involved in public rallies and demonstrations, choosing instead to keep more to themselves and a circle of associates. Moments of depression and despair come when students find they have few if any associates to share time with. The results of this isolation often are missed classes and physical and emotional distress which can lead to more serious mental health problems.

More students seem to need assistance in dealing with anxiety and stress that is a product of the college experience. Counselors and mental health professionals are being called upon to provide assistance in resolving emotional problems of increasing numbers of students.

Bloom (1975) reviews several theoretical viewpoints on psychological stress in the campus community. Katz (in Bloom, 1975) discusses the psychodynamics of development during the college years. Crucial developmental issues during the college years include:

1. Separation from home
2. Peer influence
3. Sexual development
4. New identity establishment
5. Occupational development
6. Personality structure realignments (p. 45-63)

During the years a young person is in college, many changes take place. There is a growing awareness of the world and others in it. Many come out of themselves to form intimate relationships with members of the opposite sex. While these relationships appear to be exciting and challenging, many are stormy and have traumatic, emotional endings. Students are also struggling to maintain favorable academic records while deciding the course of their professional futures. The number of serious decisions that must be made can often lead to physical and emotional overload. In an attempt to relieve anxiety and sort things out, more individuals turn to mental health professionals for assistance.

Carskadon (in Bloom, 1975) discusses help-seeking in the college student. He raises several interesting questions about the individual who seeks assistance with problems while attending college.

Is the help-seeker "...a maladjusted, anxiety-ridden casualty who

staggers through the door desperate for help, too weak to make it in the college system on his own?" "Or, is he a thoughtful, questioning person who eschews simpler, more established ways of adjusting and has the strength to confront himself and his college environment critically in an attempt at growth?" "Is he partly each, somewhere between those two poles?" (p. 125)

One would more than likely be correct in assuming that both types of students seek assistance of mental health professionals. Individuals who have had a history of emotional problems may automatically seek out mental health professionals once they arrive on campus. On the other hand, individuals wishing to clarify personal issues may also seek professional assistance even if there has been no prior history of emotional disturbance.

The anticipated results of therapy would be alleviation of the immediate concerns and a general improvement of the individual's disposition. Therapists and counselors are not miracle workers although they may often be perceived as individuals capable of straightening out all aspects of life with minimal client participation.

While therapists are not magicians, individuals working through concerns with skilled mental health professionals have been able to resolve problems and move toward healthier ways of handling concerns.

There appears to be less of a stigma attached to seeking professional assistance when problems arise and students seem to be more willing to discuss their problems with counselors and therapists.

The types of problems that are brought to therapy as well as the level of satisfaction with the quality of therapeutic intervention were researched at the University of Nebraska-Lincoln and will subsequently be discussed.

Purpose of the Study

The purposes of this study were to investigate:

1. The types of concerns that are typically brought to the Mental Health Clinic at the University of Nebraska-Lincoln.
2. The gains that were made by students as a result of therapy.
3. The types of therapeutic strategies that are typically used.
4. Therapists perception of the effect of therapy on retention of students at the university.
5. Average costs of treatments.
6. Average number of visits to the clinic.
7. The level of satisfaction of students with the admission and treatment procedures.
8. Treatment and educational alternatives had the clinic not been available.

The University Health Center

The Health Center of the University of Nebraska-Lincoln is divided into several areas. The staff is able to treat physiological and psychological problems.

The Mental Health Clinic was incorporated as a Health Center component in 1962. While the number of cases that are handled on an annual basis is approximately 535, the number of staff members has been reduced from six to three. Consequently, although the statistics regarding the number of cases handled by the mental health clinic may seem to remain constant, therapists have been required to handle twice as many cases because of staff

reductions. The staff consists of one clinical psychologist. one psychiatrist and one psychiatric social worker. There is also a secretary-receptionist who schedules appointments and maintains all records.

Methodology

Subjects

Thirty-four undergraduate and graduate students (male and female) served as subjects for this experiment. Subjects were randomly chosen from all students who had used the Mental Health Clinic during the 1981-82 academic year. Only those students who had used the clinic facilities five or more times were asked to participate in the research project.

Fifty-one questionnaires were distributed. It was hoped that approximately ten percent of the students who used the center would respond.

The three therapists were also asked to supply demographic and diagnostic data on the students they treated.

Materials

Each subject was asked to complete a questionnaire about their experience at the Mental Health Clinic. Strict confidentiality was maintained and all responses were returned to the mental health staff members in sealed envelopes. Subjects were not interviewed by the experimenter.

Each of the therapists were asked to complete a section of the questionnaire. Diagnostic and demographic data was furnished. Discussions with the professional staff members were held for the purpose of clarifying the responses that were made on the questionnaire.

A copy of the questionnaire is included in Appendix A.

Procedure

Subjects who used the Mental Health Center facilities were asked to complete the questionnaire and return it to the clinic office. Names were not requested and all information obtained was received under strictest confidence.

Professional staff members who treated the subjects were asked to complete one section of the questionnaire. The questionnaires were numer-

ically coded and separated so neither the students nor staff would see the completed questionnaires. Once all sections of the questionnaire had been completed, the secretary attached the section completed by the therapist to the envelope in which the student had placed the completed questionnaire.

RESULTS

Thirty-five of the fifty-one subjects requested to participate in the study completed the questionnaire, yielding a return rate of 66.6 percent.

Ages of the subjects ranged from 18 through 40 years, with the median age being 24.8 years. Forty-one percent of the subjects were male and fifty-nine percent were female.

Ninety-one percent of the subjects were White, with the remaining nine percent being equally distributed among Black, Japanese American and Iraqi individuals. The sample consisted of nine percent freshmen, twelve percent sophomores, twenty-four percent juniors, eighteen percent seniors and thirty-five percent graduate students.

Major areas of study varied and will be listed in Appendix B.

There were fifty-five different referral concerns. There was more than one reason for referral for many of the students. The major concern for subjects was depression. Some subjects experienced depression coupled with other symptoms, such as thinking of committing violent acts, class project incompletion and alcoholism or drug abuse.

A complete listing of the reasons for referral may be found in Appendix C.

The average number of visits to the Mental Health Clinic was 7.7. Students are able to visit the clinic four times free of charge. There is a charge of five dollars for every visit thereafter. The average cost for visits per student was $29.45. The average cost for medication used by subjects was $41.64. The only other incurred expense was $378.68 for the hospitalization of one subject.

All of the subjects remained in school for the duration of the 1981-82 spring semester. It seems that although some of the subjects' concerns were serious, everyone was able to maintain enrollment at the University.

The therapists were asked to determine whether treatment significantly

contributed to the ability of the student to maintain successful enrollment at the University. A Likert-type scale was used to obtain this information.

During the discussion of this particular question, the therapists raised an important point which helped to explain the manner in which they responded. The therapists were concerned about the emotional well-being of the students with whom they work. Whether or not the students remained in school was not as important as assisting the students in resolving emotional problems. Consequently the responses that were given reflect the philosophy that the mental health of the student is the top priority. The fact that therapeutic gains were made could well have a positive effect on the students' ability to concentrate and successfully complete academic work.

In eighteen percent of the cases reported in the study, the therapists strongly disagreed that therapy significantly contributed to the ability to maintain successful enrollment. In ten percent of the cases, the therapist disagreed as to the significant positive impact of therapy on retention. There was a feeling of uncertainty about the effects of therapy on retention in eighteen percent of the cases. In eighteen percent of the cases, the therapists agreed that therapy did have a significant positive effect on retention of students at the University. The therapists felt that therapy had a significant positive impact on the ability of students to remain in school in fifteen percent of the cases. This last statistic had particular meaning for students who had experienced suicidal ideation. If the therapist was successful in assisting the suicidal student to remain alive, then the probability of the student staying in school would be higher by virtue of the fact that the student was still alive.

When the students were asked to respond to the question of alternatives for treatment had the Mental Health Clinic not been available, eighteen percent stated that they would have had to withdraw from school. Nine percent

stated that they would have sought private hospitalization. Community mental health services would have been utilized by seventy-three percent of the subjects. Fifteen percent of the students would have had to reduce their course load. Twenty-four percent of the students would have to work part-time in order to pay for services. Thirty percent of the students would have made no change in their educational plans. It is important to note that the subjects responded to as many alternatives that applied to their particular situation. This accounts for the unusual percentage statistics.

Subjects were asked to review the different aspects of care received at the clinic and rate the quality of care received using a Likert-type scale.

Seventy-four percent of the subjects felt that the admissions procedure was excellent while fifteen percent felt that the admissions procedure was good and nine percent gave the admissions procedure an average rating. The admissions procedure did not receive any poor or unsatisfactory ratings.

Subjects rated the initial response of the therapist as being excellent seventy-four percent of the time; good, twenty-four percent of the time, and average, three percent of the time. No poor or unsatisfactory ratings were given.

Only four students used biofeedback, and of those three, one student felt this procedure was excellent and two felt the procedure was good. One student felt this treatment was unsatisfactory.

Fifteen students were prescribed medication as part of treatment. Five percent felt that the medication had an excellent effect as a part of therapy; five percent felt that the medication had a good effect as a part of therapy and five percent felt that the medication had an average effect as a part of therapy.

When asked to comment on the other aspects of treatment, the subjects

felt that the general procedures were excellent. The receptionist-secretary was noted for being particularly warm and friendly.

One student felt that the change from one hour to one-half hour sessions was particularly unsatisfactory. This procedural change was necessary because of large demand coupled with the small number of professional staff members. This individual also complained that the therapists were booked up to a week in advance of the desired appointment. This did not appear to be a problem for any of the other subjects.

Another subject felt that the clinic could have provided more post-hospitalization treatment. None of the other subjects had this concern, but then none of the other subjects had been hospitalized.

Subjects were also asked to rank various aspects of treatment as to their effect on therapeutic progress using a Likert-type scale.

Several students did not respond to some of the questions. Consequently the statistics may appear somewhat imbalanced.

Seventy-six percent of the subjects felt that therapy with a member of the clinic staff was very helpful, in terms of their progress while fifteen percent felt that therapy was helpful and nine percent felt that therapy was somewhat helpful. None of the subjects felt that therapy was not helpful.

Of those taking medication, thirty-three percent felt that medication was a very helpful part of their therapeutic progress. Forty percent felt that medication played a helpful part in therapeutic progress and twenty-seven percent felt that medication was somewhat helpful in making therapeutic gains.

Only six students received interpretation of psychological tests. Of the six, four felt the test interpretations were helpful in the achievement of therapeutic progress; one felt the test interpretations were somewhat helpful and one felt the test interpretations were not helpful.

Fifteen students combined therapy and medication as part of treatment. Sixty percent of these subjects felt that the combination of therapy and medication was very helpful in assisting them in making progress. Forty percent of those taking medication felt that the combination of therapy and medication was helpful in assisting them in making therapeutic gains. None of the subjects in this particular group felt that this treatment combination was not helpful.

Three students combined therapy and biofeedback procedures. Two of the students felt that the combination of biofeedback and therapy was helpful in assisting them in making therapeutic progress. One student felt that the combination of biofeedback and therapy was not helpful.

Only two students participated in therapy coupled with biofeedback and medication. One student felt that the combination of the three procedures was very helpful in making therapeutic progress. One student felt that the combined procedures were not helping in making therapy gains.

Subjects were asked to indicate how they happened to learn of the services of the Mental Health Clinic. Three of the questionnaires contained more than one referral source. Thirty-eight percent of the subjects learned of the clinic through a friend. Nine percent learned of the clinic services through a student assistant and six percent learned of the services through a staff member. The remainder of the subjects learned of the clinic services from various sources. These sources are listed in Appendix D.

Subjects were asked to evaluate the gains that were made as a result of treatment at the Mental Health Clinic. Seventeen categories were presented and subjects were asked to specify whether improvement had or had not been made or whether the issue being evaluated was a goal of therapy.

The data is very extensive and has been included in Appendix E. In each instance, the majority of subjects working on a particular issue felt

that therapeutic gains had been made. Several students felt that it was too early to tell whether therapeutic gains had been made and so indicated this fact in their questionnaires.

It is interesting to note that even though subjects came in with specific concerns, (depression, alcohol, abuse, etc.) they felt improvements in many aspects of their lives. For example, ninety-four percent of the subjects completing this question felt that improvements had been made in learning about themselves. Eighty-eight percent expressed improvement in learning to cope with feelings that bothered them and eighty-eight percent also expressed improved self-satisfaction as a result of therapy.

It seems as though therapy had positive effects on general mental health and resolving pertinent mental health issues.

The final question that subjects were asked to complete was whether or not they would recommend a friend or fellow student who was experiencing personal difficulties to the clinic. The response was to be based on their own experience and covered eighteen items. The students were asked to state whether they would recommend or not recommend treatment at the center. If the particular issue being questioned was not dealt with in therapy, subjects were requested to indicate that this issue was not dealt with in therapy.

The data for this question is extensive and is reported in Appendix F.

Although the subjects' presenting problems widely varied, those who responded to this question felt that they could recommend friends and peers to the clinic for a variety of issues. One hundred percent of the subjects responding to this question stated that they would recommend that a friend or peer go to the clinic for assistance with learning about himself and learning to cope with stress. Ninety-seven percent of the subjects would recommend that a friend or peer seek assistance at the clinic for learning to deal with depression as well as increasing self-liking.

Discussion

The results of this research project seem to indicate that the Mental Health Clinic is an important campus resource. Students using this service felt that they made positive therapeutic gains and felt comfortable in recommending the clinic services to others.

This sample represents a small segment of the total clinic population. While this study is by no means conclusive, the results indicate that the clinic has been useful for students experiencing emotional difficulty during the college years. The courteousness, skill and resourcefulness of the clinic staff seem to facilitate the therapeutic process.

As we continue to work with college students, it becomes increasingly important to de-emphasis the "stigma" of seeking counseling. Asking for assistance in solving emotional problems should not be interpreted as a sign of weakness or instability and those seeking assistance should not be looked upon as being weak individuals that are unable to cope with life.

If our mission is to help in the education and development of individuals, it is imperative that we be attentive to every aspect of personal development. Recognizing and working through problems with trained professionals is a sign of strength and not weakness.

The Mental Health Clinic of the University of Nebraska has proven to be an important campus facility. Many students have benefited from treatment and have been able to learn more about themselves and how to deal with life problems. This is as important an educational experience as obtaining a sound academic background and provides the foundation for better life experiences once the college education has been completed.

References

Bloom,B.L. Psychological Stress in the Campus Community-Theory, Research, and Action. New York: Behavioral Publications,Inc., 1975

Katz, J. "Psychodynamics of development during the college years." in B. Bloom,Ed. Psychological Stress in the Campus Community-Theory, Research, and Action. New York: Behavioral Publications, Inc. 1975.

Lamont. L. Campus Shock. New York: E.P. Dutton, 1979

Appendix A

RESEARCH QUESTIONNAIRE

QUESTIONNAIRE (To Be Completed By Professional Staff Member)

1. Age _____
2. Sex _____
3. Ethnic Group _____
4. Year in school _____
5. Major field of study _____
6. Reason for referral (Please specify nature of problem/symptoms):

   _____

   _____

   _____

7. Number of visits to the Mental Health Unit _____
8. Cost to student:

   a. Cost per visit _____

   b. Medication costs _____

   c. Any laboratory/other related expenses _____

9. Did the student remain in school for the entire semester?

   Yes _____ No _____

10. Cost of professional time:

    a. Number of hours spent in therapy with student _____

11. Effect of treatment on retention of the student

    a. Did the treatment significantly contribute to the ability of the student to maintain successful enrollment at the University of Nebraska-Lincoln?

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

Comments:

Section to be completed by student

1. (Please circle the response(s) which are applicable to you.)
   If I would not have had this treatment available, I would have had to:

   a. Withdraw from school.

   b. Seek private hospitalization.

   c. Seek community mental health services.

   d. Reduce my course load.

   e. Work part time in order to pay for personal services.

   f. Make no changes in my educational plans.

2. Please review the different aspects of care that you received while at the Mental Health Unit. Circle the response that corresponds to the care that you received.

   (5-Excellent, 4-Good, 3-Average, 2-Poor, 1-Unsatisfactory)

   In the space provided below, please list any changes that you would recommend for care that was not satisfactory and your suggestions for improvement.

a. Admission procedure	5	4	3	2	1
b. Therapist's initial response to you	5	4	3	2	1
c. Sessions with the therapist	5	4	3	2	1
d. Biofeedback (if used)	5	4	3	2	1
e. Medication (if used)	5	4	3	2	1
f. Other (please specify)	5	4	3	2	1

3. Please rank the following aspects of treatment as to their effect on your progress.

(5-Very Helpful, 4-Helpful, 3-Somewhat Helpful, 2-Not Helpful, 1-Undecided, 0-Not a Goal of Therapy)

a. Therapy with the staff	5	4	3	2	1	0
b. Medication	5	4	3	2	1	0
c. Interpretation of psychological tests	5	4	3	2	1	0
d. Biofeedback/relaxation procedures	5	4	3	2	1	0
e. Combination of therapy/medication	5	4	3	2	1	0
f. Combination of biofeedback/therapy	5	4	3	2	1	0
g. Combination of biofeedback, medication and therapy	5	4	3	2	1	0

4. How did you happen to learn of the Mental Health Services? (Check the response(s) that apply).

_____ Friend

_____ Professor

_____ Student Assistant

_____ Staff Member

_____ Other (Please specify)

5. Please review the items listed in the left-hand column. Please check the responses that correspond to the gains that were made as a result of your treatment at the Mental Health Unit. Please place a check by those items which were <u>not</u> a goal of therapy.

	Improved	Not Improved	Not A Goal of Therapy
a. Improved grades	_____	_____	_____
b. Increased self-satisfaction	_____	_____	_____
c. Resolved relationship issue with parents	_____	_____	_____
d. Resolved relationship issue with spouse	_____	_____	_____
e. Resolved relationship issue with friend(s)	_____	_____	_____
f. Increased self-liking	_____	_____	_____

	Improved	Not Improved	Not A Goal of Therapy
g. Less brooding about mistakes			
h. Improved acceptance of failure			
i. Less worrying			
j. Improved eating habits			
k. Increased energy			
l. Less daydreaming			
m. Fewer physical problems			
n. Learned more about myself			
o. Learned to deal with stress			
p. Learned to cope with feelings that bother me			
q. Learned to deal with depression			

6. Based on your experience at the Mental Health Unit, would you recommend that a fellow student seek assistance with the following problem(s):

	Would Recommend	Would Not Recommend	Not Dealt With in Therapy
a. Improving grades			
b. Increasing the level of self-satisfaction.			
c. Resolving relationship issue with spouse			
d. Resolving relationship issue with parent(s)			
e. Resolving relationship issue with friend(s)			
f. Increasing the number of friends			
g. Learning more about myself			
h. Learning to deal with stress			
i. Learning to cope with feelings that bother me			
j. Learning to cope with depression			
k. Increasing self-liking			
l. Brooding less about mistakes			
m. Improving ability to accept failure			

	Would Recommend	Would Not Recommend	Not Dealt With in Therapy
n. Worrying less			
o. Improving eating habits			
p. Increasing energy level			
q. Decreasing the amount of daydreaming			
r. Reducing the number of physical problems			

Appendix B

MAJOR AREA OF STUDY

MAJOR AREA OF STUDY

Accounting	1
Agricultural Engineering	1
Agronomy	1
Architecture	3
Broadcast Journalism	1
Chemical Engineering	1
Chemistry	1
Civil Engineering	2
Commercial Art	1
Dentistry	1
Education	1
Elementary Education	1
Engineering	1
English	3
German	1
Home Economics	1
Human Development	1
Journalism	1
Law	4
Natural Resources	1
No Response	1
Nursing	1
Political Science	1
Undeclared	1

Appendix C

REASONS FOR REFERRAL

REASON FOR REFERRAL

Agraphobia	1
Alcohol Abuse	1
Alcoholic Father	1
Alcoholism	1
Bulemia	3
Career Issues	1
Classroom Stress	2
Classroom Withdrawal	1
College Adjustment	1
Conflict With Father	1
Dating Problems	1
Decision Making Difficulty	1
Dependence	1
Depression (violent acts, project non-completion, chronic, severe)	22
Drug Abuse	2
Emotional Separation from Family	1
Fear of Responsibility	1
General Anxiety	2
General Stress	2
Grade Stress	1
Hysteria/Compulsiveness	1
Immaturity	1
Impending Death of Mother	1
Low Self-Concept	4
Low Self-Esteem	4
Manic Depression	1
Marital Conflict	1
Obsessive Thinking (Death of father)	1
Obsessiveness	2
Panic Attacks	3
Paranoia (Returning student)	1
Parental Expectation Stress	1
Passive/Agressive Behavior	1
Passiveness	1
Pathological Family	1
Peer Relationships	1
Physical Health Problems (High blood pressure, bleeding colitis)	3
Problem With Girlfriend	2
Problems With Boyfriend	3
Procrastination	1
Psychotic Episode	2
Racing Thoughts	1
Relationship Problems	4
Resolving Rape Feelings	2
School Anxiety	1
Separation From Home	1
Separation From Husband	1
Social Withdrawal	1
Suicidal Ideation	3
Test Anxiety	1
Weight Loss	2
Work Problems	1

REFERRAL SOURCES

Called into University Health Center	1
Community Mental Health Staff Psychologist	1
Counselor outside the University	1
Friend	13
General knowledge of health services	1
Health Center publication	3
Parents	1
Physician	1
Professor	3
Self-inquiry	2
Staff member	2
Student	1
Student Assistant	2
University Health Center physician	2
UNL media (Daily Nebraskan)	3

Appendix E

PERCEIVED THERAPEUTIC GAINS OF SUBJECTS

PERCEIVED THERAPEUTIC GAINS

	Improved		Not Improved		Not A Goal Of Therapy	
	%	#	%	#	%	#
A. Improved grades	35	12			62	21
B. Increased self-satisfaction	88	29	9	3	3	1
C. Resolved relationship issue with parent(s)	44	14	6	2	50	16
D. Resolved relationship issue with spouse	10	3	10	3	81	25
E. Resolved relationship issue with friend(s)	29	10	9	3	62	21
F. Increased self-liking	81	26	19	6		
G. Less brooding about mistakes	59	19	22	7	19	6
H. Improved acceptance of failure	77	24	6	2	16	5
I. Less worrying	69	22	25	8	6	2
J. Improved eating habits	33	11	24	8	42	14
K. Increased energy	44	14	12	4	44	14
L. Less daydreaming	18	6	6	2	78	25
M. Fewer physical problems	34	11	13	4	53	17
N. Learned more about myself	94	30			6	2
O. Learned to deal with stress	78	25	16	5	6	2
P. Learned to cope with feelings that bother me	88	28	9	3	3	1
Q. Learned to deal with depression	79	26	18	6	3	1

Appendix F

SUBJECTS' RECOMMENDATIONS OF CLINIC SERVICES

TO FRIENDS/CLASSMATES

SUBJECTS' RECOMMENDATIONS OF CLINIC SERVICES

TO FRIENDS/CLASSMATES

	Recommend		Not Recommend		Not Dealt With In Therapy	
	%	#	%	#	%	#
A. Improving grades	41	13	3	1	56	18
B. Increasing the level of self-satisfaction	97	31			3	1
C. Resolving relationship issue with spouse	36	18			44	14
D. Resolving relationship issue with parent(s)	78	25			22	7
E. Resolving relationship issue with friend(s)	74	23	3	1	23	9
F. Increasing the number of friends	47	15	13	4	41	13
G. Learning more about myself	100	32				
H. Learning to deal with stress	100	32				
I. Learning to cope with feelings that bother me	97	31			3	1
J. Learning to cope with depression	97	31				
K. Increasing self-liking	97	31			3	1
L. Brooding less about mistakes	88	28	3	1	9	3
M. Improving ability to accept failure	91	29			9	3
N. Worrying less	91	29			6	2
O. Improving eating habits	66	21	3	1	31	10
P. Increasing energy level	59	19	3	1	38	12
Q. Decreasing the amount of daydreaming	47	15	3	1	50	16
R. Reducing the number of physical problems	50	16	6	2	44	14

REFERENCES

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2. Lansing, Lamont Campus Shock New York: E.P. Dutton 1979